				111110-875	TION RECORI	)	App App	incation of Docke	1 Number	
RCE.	CLAIM	S AS FII	ED - PART (	(Column 2)				.1	1094	
FOR		NIMPEDENSE			SMAL	SMALL ENTITY			OR OTHER THAI	
BASIC FEE (37, CFR 1.16(a)) TOTAL CLAIMS			1 .	NUMBER EXTRA	RATE	FEE		RATE	FI	
(37 OFR 1.16(c))	5	min	us 20 = .	/	75	<u></u>	OR		S	
(37 CFR 1.16(b))	4	min	us 3 = -		$\frac{1}{x} \times \frac{x}{100} = \frac{x}{x} \times \frac{100}{100} = \frac{x}{100} \times \frac{x}{100} = \frac{x}{100} \times \frac{x}{100} = \frac{x}{100} \times \frac{x}{100} = \frac{x}{100} = \frac{x}{100} \times \frac{x}{100} = \frac{x}{1$		OR	× s <u>50</u>		
MULTIPLE DEPE	NDENT CLAIM PR		<del> </del>	OR	x s 200					
* If the difference in column 1 is less than zero, enter "0" in column 2.					+ s-180	<del></del>	. OR	+ 360		
CLAIMS AS AMENDED - PART II					TOTAL		OR	TOTAL	1	
4	(Column 1) CLAIMS	<del></del>	(Column :		SMALL	ENTITY	OR	OTHE	R THAN	
	REMAINING AFTER	ı	NUMBER PREVIOUS	PRESENT	RATE	ADDI-	1 .	SMALL	ENTITY	
Total (31 CFR 1.16(c)) Independent (31 OFR 1.66(u)) (31 OFR 1.66(u))	AMENOMEN	Minu	PAID FOR	- CATROL		TIONAL		RATE	- ADD-	
Z Independent W (31 OFR 1.1661)	<del> </del>	Minu	5	-	x s 25 =		OR	× 5 50 =	FEE	
≥	NTATION OF MULTI	91 5 05051	DENT CLAIM (37		x s_100=		OR OR	x s 20Q		
		cc beren	DENT CLAIM (37	CFR 1.16(d))	+ s 180=		OR	+310		
	(Calu-, 1)				TOTAL ADO'L FEE		OR L	TOTAL ADO'L FEE	<del></del>	
0	(Column 1) . CLAIMS.	T	(Column 2) HIGHEST	(Column 3)	<u></u>			YOU'LEE [		
Total (37 OFR 1.16(d) Independent (37 OFR 1.16(b))	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL	Γ	RATE	ADDÍ	
Total profficial		Minus	PAID FOR	=	x s 25 =	FEE	.		TIONAL	
fridependent (37 CFR 1.16(b))		' Minus	444	=	× s 100 =		OR .	x s 50=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s 180=			( s 200_		
					TOTAL			SLO OTAL		
	(Column 1)		(Column 2)	(Columa 3)	ADD'L FEE	· ·		OD'L FEE		
	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI-		DATE		
Total (37 CFR 1.16(c)) Indépendent (37 CFR 1.16(b))	AMENDMENT	Minus	PAID FOR	=	I 1	TONAL FEE		RATE	ADDI- TIONAL	
Indépendent (37 OFR 1.16(b))		Minus	414	=	x s 25		OR X	30 =	_FEE	
FIRST PRESENTA	ITION OF MULTIPLE	DEPENDO	YT CLAIM (37 CFF		x s 100		OR X	, 200		
		- CHOE	(37 CFF	₹ 1.16(d))	+ s 180=		DR +	,360_		
• H II-		the entry Paid For I	in column 2, write		ADD'L FEE		OT OA PC	TAL D'L FEE		

The Highest Number Previously Paid For (IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.